

**AUGUST 27-29, 2010 Joint Family Programs State Workshop
FAMILY REGISTRATION FORM**

Please fill this form out **COMPLETELY** and **LEGIBLY** and email to stephanie.powers@us.army.mil; or fax to 602-629-4483; or send to: AZNG Joint Family Programs Office, ATTN: 2010 JFPO State Workshop, 5636 East McDowell Road, Phoenix, AZ 85008-3495

THIS FORM WILL NOT BE ACCEPTED AFTER AUGUST 13, 2010

Primary ADULT registration information										
<input type="checkbox"/> Military Representative (circle one): Commander, Rear DET CDR/Team, BN/BDE CSM, Unit Family Readiness Liaison, Other (specify): _____ <input type="checkbox"/> FRG Leadership Member (circle one): Chairperson, Co-Chair, Secretary, Treasurer, Other (specify): _____ <input type="checkbox"/> Community Partner <input type="checkbox"/> Volunteer										
Name (last, first, M.I.)					Social security number					
Unit represented					FRG position/rank					
Home address					City			Zip code		
Phone number					Alternate (cell) phone Number					
Email address					Alternate email address					
Additional ADULT registration from same address (complete if attending workshop)										
<input type="checkbox"/> Military Representative (circle one): Commander, Rear DET CDR/Team, BN/BDE CSM, Unit Family Readiness Liaison, Other (specify): _____ <input type="checkbox"/> FRG Leadership Member (circle one): Chairperson, Co-Chair, Secretary, Treasurer, Other (specify): _____ <input type="checkbox"/> Community Partner <input type="checkbox"/> Volunteer <input type="checkbox"/> Spouse										
Name (last, first, M.I.)					Social Security Number					
Unit represented					FRG position/rank					
YOUTH SYMPOSIUM / CHILD CARE REGISTRATION – DEPENDANT CHILDREN ONLY!										
Youth Symposium Registration AGES 6 – 17 ONLY (use additional paper for more than two youth)										
Youth #1 Name				DOB			Age		Grade	
Youth #2 Name				DOB			Age		Grade	
Child Care Registration AGES 0 – 5 ONLY (use additional paper for more than two children)										
Child #1 Name				DOB			Age		Gender	
Child #2 Name				DOB			Age		Gender	
*Additional forms for Youth Symposium and Child Care registration will be sent to home address upon receipt of initial registration.										
Please list any ALLERGIES or health concerns regarding your children.										
CONTINUE THE FOLLOWING SECTION ONLY IF YOU ARE STAYING AT THE HOTEL										
Credit card information (REQUIRED – registration forms will NOT be accepted without this information)										
**Card type (circle one)	VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER									
Card Number					Expiration Date					
**Personal credit cards ONLY, government credit cards are NOT authorized. Your card will NOT be charged at this time, if you are a “no-show” or cancel within 48 hours of check-in the hotel may charge your credit card for one night plus any applicable taxes. Credit card information is REQUIRED to ensure your commitment to attend the workshop and will not be shared with any outside parties other than the hotel.										
Number of individuals staying in your room (including yourself)				Adults		Children ages 0-5		Children ages 6-17		
Please list any special room accommodations that you may require (i.e. roll-away bed, portable crib, handicap accessibility, etc.) as well as any special accommodations that you or your attending Family member(s) may require (i.e. interpreters, special dietary needs). NOTE: We may not be able to accommodate all needs and registrants are responsible for any additional room charges.										